FOR THE TOWN OF WINTHROP ENROLLEES



Active Employees, Retirees, and Survivors WITHOUT MEDICARE

Includes 0.75% Administrative Fee

Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays	Pays	Pays
	1 12 2 1 1	-	Monthly %	Monthly \$	Monthly \$
	Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
10%	\$ 39.74	\$ 95.39	15%	\$ 59.62	\$143.08
10%	47.16	113.20	15%	70.75	169.80
10%	51.35	124.25	15%	77.03	186.38
10%	42.70	105.87	15%	64.05	158.80
10%	48.62	117.35	15%	72.93	176.03
10%	42.17	111.76	15%	63.26	167.64
10%	106.59¹	248.39¹	35%	263.64	615.50
10%	71.85	167.80	35%	251.48	587.29
10%	41.09	98.62	15%	61.64	147.94
10%	52.18	124.52	15%	78.27	186.79
	10% 10% 10% 10% 10% 10% 10%	Coverage 10% \$ 39.74 10% 47.16 10% 51.35 10% 42.70 10% 48.62 10% 42.17 10% 106.59¹ 10% 71.85 10% 41.09	Coverage Coverage 10% \$ 39.74 \$ 95.39 10% 47.16 113.20 10% 51.35 124.25 10% 42.70 105.87 10% 48.62 117.35 10% 42.17 111.76 10% 106.59¹ 248.39¹ 10% 71.85 167.80 10% 41.09 98.62	Coverage Coverage 10% \$ 39.74 \$ 95.39 15% 10% 47.16 113.20 15% 10% 51.35 124.25 15% 10% 42.70 105.87 15% 10% 48.62 117.35 15% 10% 42.17 111.76 15% 10% 106.59¹ 248.39¹ 35% 10% 71.85 167.80 35% 10% 41.09 98.62 15%	Coverage Coverage Coverage 10% \$ 39.74 \$ 95.39 15% \$ 59.62 10% 47.16 113.20 15% 70.75 10% 51.35 124.25 15% 77.03 10% 42.70 105.87 15% 64.05 10% 48.62 117.35 15% 72.93 10% 42.17 111.76 15% 63.26 10% 106.59¹ 248.39¹ 35% 263.64 10% 71.85 167.80 35% 251.48 10% 41.09 98.62 15% 61.64

¹ Enrollee pays the full cost of CIC – \$34.74 for individual CIC coverage and \$80.59 for family CIC coverage.

Retirees and Survivors WITH MEDICARE	TEACHER W Before Ju	Vho Retired ly 1, 2008	RETIREE AND SURVIVOR		
	Pays Monthl	y Per Person	Pays Monthly Per Person		
HEALTH PLAN	%	\$	%	\$	
Fallon Senior Plan ²	10%	\$ 19.99	15%	\$ 29.98	
Harvard Pilgrim Medicare Enhance	10%	35.59	15%	53.39	
Health New England MedPlus	10%	35.74	15%	53.61	
Tufts Health Plan Medicare Complement	10%	32.51	15%	48.78	
Tufts Health Plan Medicare Preferred ²	10%	16.82	15%	25.23	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	35.52	35%	124.33	
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	34.47	35%	120.63	

² Rates are subject to federal approval and may change January 1, 2009.

Rates are Calculated by the Town of Winthrop Benefits Office.

Rate questions? Call: 1.617.846.3226